



Spirit Lake IA Health Link Public Comment Meeting

Wednesday, February 15, 2017

Time: 5 p.m. – 7 p.m.
Spirit Lake Public Library
Community Meeting Room
702 18th Street
Spirit Lake, IA

Meeting Comments and Questions

IME/DHS Staff	MCO Representatives	MAAC Representatives
Lindsay Paulson - present	Amerigroup Iowa, Inc present	
Sean Bagniewski - present	AmeriHealth Caritas Iowa, Inc present	
Matt Highland - present	UnitedHealthcare Plan of the River Valley, Inc present	
Allie Timmerman - present		
Peter Crane – present		

Comments

Billing and Claims

A provider stated that they had faxed a claim to one MCO and they had received a fax in response stating that the patient had not been a member since November 2016, although the IME confirmed that the member was still an active member with the MCO. The provider stated that this had also happened previously and their office had received claims denials due to this. A representative from an ambulatory transportation organization commented that Emergency Medical Technicians (EMTs) were not able to diagnose members and have been receiving claims denials stating that "...the diagnosis is inconsistent with the procedure." The EMTs are unable to change the diagnosis as they were not able to diagnose the members. Another provider commented that their initial claims had been sent timely however when they were denied, the refiled claims were being denied due to timely filing when the provider was working through the denial process. Some providers had experienced difficulty in learning the new claims processes and did not understand the denial codes. A provider recommended there be an appeals process if a claim was filed timely and the refiled claim was later denied due to timely filing. Concern was expressed that if there were an appeals process for timely filing, the appeal services would be inundated with billing issues and that it would be difficult to receive assistance. A hospital representative stated that the average number of days that it had been taking for a claim to be paid had been around 300.

Services and Coverage

A representative from an ambulatory transportation organization stated that the MCOs were denying NEMT ambulance services for members as they were not eligible although the services had previously been available to this population through the IME.





Care Coordination

A provider commented that they were having issues with Care Coordinators not understanding the regulations and differences between ICF and ICF/ID.

Questions

- 1. How often are legislators involved in the MAAC and what kind of impact do they have on the advisory council?
- 2. How do legislators act on recommendations made by the MAAC?
- 3. Is there a committee that has legislators, lawmakers and representatives from the Managed Care Organizations (MCOs)?
- 4. Going forward, how are the MCOs addressing child institutional and facility placement?
- 5. How much do the MCOs know about intellectual disabilities?
- 6. How does my organization handle situations where members are not showing active with an MCO although the IME's system states that they are assigned to, and active with, that MCO?
- 7. Are MCOs aware of the difference between ICF and ICF/ID?
- 8. Is member NEMT eligibility available on the REVS line?
- 9. What resources are available for claims denials due to timely filing that occurred due to delays during transition? Sometimes providers did not understand the denial code or had difficulties in learning the new processes and claims were denied although the initial claim was filed timely.
- 10. How are we supposed to handle resubmission of corrected claims? What is the process?
- 11. When are the Supports Intensity Scale (SIS) Assessments to be completed? Do the MCOs have a deadline? What are the MCOs going to do with the information? Are these going to be used for rate determinations?
- 12. Who is doing the Resident Assessment Instrument (RAI) Assessment? Are the MCOs going to use their own staff or are they going to hire externally?